Chief Justice Hugh P. Thompson
Chair

Marla S. Moore
Director

CMPAC

Ms. Sandra Thomas
Chairperson (Interim)

Judge Deborah Anderson
Member

Judge W. Neal Dettmering, Jr.
Member

Judge Richard T. Kent
Member

Judge John M. Ott
Member

Mr. Steve P. Page
Member

Sheriff Howard R. Sills
Member

Mr. Michael J. Terrell
Member

Judge James (Jim) Thurman
Member

Mr. H. Jay Walker, III
Member

TO: Misdemeanor Probation Providers
             Prospective Misdemeanor Probation Providers

FROM: Shevondah M. Fields
             Staff Director

RE: Applying for an OAC number

DATE: January 8, 2014

To enable criminal history background checks to be undertaken in accordance with Council Rules, all providers are required to enroll with Cogent Systems. Please use the enclosed instructions titled **"Fingerprinting Process Using Cogent/GAPS"** to:

Step 1:   Complete an agreement to receive your OAC number *
Step 2:   Enroll your entity with Cogent Systems
Step 3:   Register for fingerprinting

If you have any questions about the process, please refer to section B9 of the enclosed instructions.

When the above steps have been successfully completed, the process for new employee documentation is:

 1. New employees must submit fingerprints at a GAPS approved site. Locations can be found on the Cogent/GAPS website.
http://www.ga.cogentid.com

 2. Fax, Email, or Mail a completed Employee Registration form to:
CMPAC
244 Washington Street SW, Suite 300
Atlanta, GA 30334
cmpac@gaaoc.us
770-342-4780 (fax)
 3. A confirmation letter will be sent to the Director.

Administrative Office of the Courts
County and Municipal Probation Advisory Council (CMPAC)

Fingerprinting Process Using COGENT/GAPS

*****You must have an email account to complete this process.*****

A.   Agreement

1.   Go to www.ga.cogentid.com

2.   Under the "**Agency Use"** tab, click on **"How To Enroll Your Agency or Business"**

3. At **Step (1)** complete the **GCIC Service Agreement**, click on form to be downloaded and print the "Georgia Crime Information Center Service Agreement" (3 pages).

4.   **Complete last page of the GCIC Service Agreement**

   • Agency Name – Print your name as listed on your CMPAC Registration Certificate – **AOC Macon** (Example: ABC Probation – AOC Macon)
   • Agency Address – Print your agency address
   • Agency Phone Number – Print most accessible phone number
   • Agency ORI or OAC# - Circle **OAC#** and leave line blank
     (GCIC will send the form back to your Agency with an assigned OAC#)
   • Write **"Yes"** in the blank after **"Will ORI or OAC # be used for enrollment in Georgia Applicant Processing Services (GAPS)"**
   • Agency Head – Print name/title of Owner/CEO Director
     (Agency Head should sign on Signature line)
   • Agency Contact – Print name/title of person that should be contacted regarding fingerprinting process (Contact should sign on Signature line)

5. Keep a copy for your records and mail the original form to the address at the bottom of the page. In 7-10 business days you will receive the form back, completed by the GBI with your **OAC** number on the "Agency ORI or OAC#" line.

B. Enrollment

   Only after receiving your OAC # by return mail should you begin this step

1. Go to www.ga.cogentid.com

2. Under the **"Agency Use" tab Click on "How To Enroll Your Agency or Business**"
3. At **Step (2)** Complete the GAPS Agency Enrollment Form, click on **"Enrollment Online by clicking here"** **http://www.ga.cogentid.com/perlpub/frame_page.pl?link=add_agency.pl** to access the form to begin the enrollment process.

- **All yellow areas MUST be completed**
- ORI/OAC – enter **OAC** number received on agreement letter (It will be GAP+6numbers)
- Click in the field Agency Name – Your agency name should automatically populate in this field. Verify the name of the probation entity is correct
- Verification Code – Use OAC number without the GA (P+6 digits)
- Address – Agency Address (Address to receive mail from GAPS or AOC)
- Contact Person – Must be the same as on the GCIC Agreement form in Step 1
- Email Address – Should be email address for the Contact Person (Email address must be entered)
- Billing Name – Enter the Name of the person that receives the bills or the division or dept. (This field must be completed. It will only be utilized if the Agency checks the box to establish a billing account with Cogent)
- Billing Address – Complete if different from mailing address or click on box indicating billing address and mailing address are the same
- Authorized Person – Must be the same name as on the GCIC Agreement form as the Agency Head in Step 1
- If your Agency wants to billed for the applicant's background check results, click the box for "Agency Wishes To Establish Billing Account With Cogent Systems". If your applicants are to pay for themselves, do not check the box.

4. When form is completed – Click on "Save"

5. Print the form that is displayed and have your agency head SIGN the form. If your On-Line Enrollment form does not print, click here View Agency Enrollment Form to print the form and manually complete it.

6. Form must be signed by the Owner or Director

7. Fax the signed form to: 614-718-9694

8. If you do not have a fax machine, you must mail the original signed form to address shown on web site. (Check the website to ensure the address has not changed).
   3M Cogent
   GAPS Enrollment
   5025 Bradenton Avenue, Suite A
   Dublin, OH 43017

9. You will receive an e-mail confirmation of your enrollment within 10 business days that will include any necessary Usernames and Passwords. If you do not receive an e-mail confirmation within 10 business days, contact Cogent Systems by sending an email to: gahelp@cogentsystems.com.
    If further assistance is required contact Cheryl Peyton – 404-270-8388.

C. Registration for Fingerprinting

1. Go to www.ga.cogentid.com
Under the **"Registration"** tab, click on **Single Applicant Registration** or **Multiple Applicant Registration** depending on whether there is only a few applicants to be registered or multiple applicants to be fingerprinted

2. For each applicant to be fingerprinted, all fields with a red (*****) **must** be completed: Last Name, First Name, Date of Birth, Place of Birth, Sex, Race, Eye Color, Hair Color, Height, Weight

3. Social Security Number – Although this is not required, it is strongly recommended that this field be completed to ensure an accurate search can be made, if needed

4. Country of Citizenship – Select correct country

5. Driver's License Number – Enter ONLY numbers

6. Driver's License State – Select correct state

7. Address – Applicant's address, city, state, zip, phone

8. Under **Transaction Information**
Reason – Click on the arrow on the right side of the box and click one of the two reasons below:
"Criminal Justice – Civilian Personnel" for governmental providers or
"Non-Criminal Justice Contractor" for private providers

9. **Payment** – Choose **"Agency"** if your agency selected to establish a billing account with Cogent during the Agency Enrollment process. The agency will be billed for the service in the amount of $**8.50** for <u>governmental</u> programs and $**52.75** for <u>private</u> programs.

    OR choose **Credit Card** if paying at this time. You will be given an opportunity to enter your credit card information during this registration process.

    OR choose **Money Order (Applicant provide Money Order to operator at GAPS Print Site)**

    Note: This will only be an option on the single applicant entry. All money orders should be made payable to **Cogent Systems/GAPS** and in the amount of $**8.50** if governmental program and in the amount of $**52.**75 if private program.

10. ORI/OAC – Use number received on the GCIC Agreement Form

11. Verification Code – Use code given in your email confirmation from Cogent Systems

12. **"Does another agency make the fitness determination? -** Check the box.
    - Choose Agency. Select: **Administrative Office of the Courts – CMPAC Group**
    - Determining Agency ORI. **Enter GA060265J**
    THIS BOX **MUST BE CHECKED AND THE ABOVE INFORMATION COMPLETED.

13. Click on "Next" at the bottom of the page

14. Verify that the information is correct, Click Back if corrections need to be made, or Click Next if all information is correct

15. Print the "Thank you for registering" page with the **Registration ID number**

    NOTE: The applicant should provide the operator at the GAPS Print location with the copy of the screen with the **Registration ID number** in order to be fingerprinted.

D.   **Fingerprinting at GAPS Sites**

Go to www.ga.cogentid.com

1. Under the **"GAPS Print Site Location"** tab, find a location nearest to your address. You should find a location within approximately 30 miles of your location in <mark>most cases</mark> – if not; <mark>contact Cheryl Peyton – 404-270-8388.</mark>

2.   Click on underlined company name to get phone number and hours of operation

3. On the day of your fingerprinting, contact the site you plan to visit and confirm the hours they do fingerprinting and that a trained individual is going to be available.

4. The applicant must take acceptable identification to the GAPS Print location. Click on the link **"Identification Needed for Fingerprinting"** for acceptable identification.

5. After your fingerprints are taken, AOC should receive the results within 24-48 hours. The provider should verify that the AOC received the applicant's background check results. AOC will provide a determination letter to the provider within 2 weeks after receiving the applicant's results.